

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6/12/04</u>		2 Serial/Patent # <u>10/667,831</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
<input checked="" type="checkbox"/>	Petition		4/15/04	\$ 130.00						
	Issue			\$						
	Cert. of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
7 TOTAL AMOUNT OF REFUND			\$ 130.00							
8 TO BE REFUNDED BY:										
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check							
	Overpayment	<input type="checkbox"/>	Credit Deposit A/C #:							
	Duplicate Payment	<input type="checkbox"/>	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				--			
		--								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
Filing date petition granted										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Cliff Congo</u>		TITLE: <u>Attorney</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-0272</u>								
OFFICE: <u>Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>6/16</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: